Facing up to the inevitability of our own symptoms

Andrée Rochfort – We can't just brush this under the carpet

It was in Cardiff, while studying for her membership in 1991 that Andrée Rochfort first became interested in doctors' occupational health and in particular the complexity of how doctors deal with their own physical and psychological illnesses in the context of their professional lives.

The Welsh GP trainers held intensive revision courses. These involved mock oral examinations in front of peers etc. One talk was given by one of the directors of the GP scheme in Cardiff. His talk was on 'sick doctors' and focused on doctors with alcohol and psychological problems. He spoke about difficulties faced by 'sick' GPs in getting medical care from their colleagues. This was an 'eureka' moment for Andrée. "I thought, hold on a minute – all these years of medical training and this is the first time we are talking about his important issue. It made me wonder what doctors actually do when doctors get sick. It seemed from that presentation I was at in 1991, that if doctors ran into difficulty or illness, they behaved as if they should fend from themselves because they seemed to think their colleagues expected them to. What paradoxical care! We can't brush doctors' illnesses under the carpet".

This reminded Andrée of how as interns, they attended the funeral of their classmate who died in a car crash. Some of Andrée's friends had been reprimanded for taking time to go. "Nobody had considered the support we might need in our sudden bereavement during busy intern jobs".

Another important influence in her future involvement in doctor's health was the illness and ultimate death of a medical friend. He complained of a pain in his back. "As with many GPs, he went directly to see a hospital specialist. Ultimately, he was diagnosed with cancer. I don't know if his outcome would necessarily have been any different but it struck me at the time that a structure was needed for GPs who got sick so that their healthcare could be initially provided by a GP, followed up, and co-ordinated by a GP. "Whether it is for diabetes or depression, it was clear to me that a system for GPs was seriously lacking".

After completing the vocational training scheme, Andrée stayed in Cardiff for another five years as a GP partner. After having their first two girls there (they now have four daughters) she and her husband Michael, decided to move back home to Ireland in 1996. When home, she was interested in finding work in a group practice as she had experienced first-hand benefits in Cardiff. She soon took up a position as assistant in Bray, Co Wicklow. She also enrolled for a higher diploma in occupational medicine in UCD, after which she also passed the LFOM. After moving to Co Wexford she joined a practice in Enniscorthy in 1998 where she continues to practise.

In 2000 Andrée saw an ad for the Health in Practice (HiP) programme and her eyes lit up. It seemed like a dream job for

her. "It was for a one-year project where the ICGP was looking to set up an occupational health service for GPs and their families. I couldn't believe it. I was so impressed. I had spent eight years in the NHS and they weren't doing anything like that despite the fact the need was glaring. I knew it was very progressive of the ICGP to take such a step.

"On the interview panel was the late Michael Dunne from Cork, Aidan Meade, who was then chairman of the Sick Doctors Scheme, Margaret O'Riordan and Dermot Folan. As part of the interview I remember I had to submit a two-page document outlining what I would do if I got the job". Andrée was full of ideas. She got the job.

I felt the first step was to ask GPs for their opinion on the matter of the doctors health and healthcare. "I gave an inaugural speech at the AGM in Kilkenny in 2000 which included a presentation on 'minding the doctor'. I asked the delegates why they thought we should address GP health. Members were encouraged to give feedback and suggestions on what they would like to see happen". And so, with the vision and initiative of the college executive and members, the HiP programme began.

"The programme comes under the umbrella of college membership services, so one of the first things we did was a national needs assessment survey. We found some very striking statistics about GPs health and we received some very moving personal stories. Five hundred GPs were surveyed – 96% of GPs wanted dedicated health service and support. In 2002 we set up the healthcare networks, including 52 GPs who are trained to provide GP care to GPs. These HiP-trained and supported GPs are listed county by county on the ICGP website and members can choose a HiP GP directly. These are independent practitioners. They are not employees of the ICGP".

So what differentiates the HiP programme from the Sick Doctors Scheme? The Sick Doctors Scheme is aimed at all doctors in the health service, not only GPs and focuses on arranging assessment and treatment for alcohol and substance abuse. The Health in Practice (HiP) programme, on the other hand, is a general healthcare service for GPs and their families. "Four HiP networks provide the healthcare: GPs for GPs; psychological therapists (counsellors, psychotherapists and psychologists); occupational physicians; and psychiatrists. With the GP for GP service at its core, it provides preventative proactive healthcare and screening, acute and chronic disease management. It focuses on all aspects of GP health issues. Where needed it can link to services like the Sick Doctor Scheme, and the Management in Practice Programme.

"We looked at other models of doctors' healthcare. Most services for doctors internationally simply focus on psychiatric disorders and substance misuse as if these are the only areas that need addressing. These models miss the point that what GPs and other doctors need first and foremost is GP-based care to co-ordinate all the aspects of healthcare.

"It is very important to focus on general health issues of doctors in the first instance. For example, if we cannot give and receive high quality care to colleagues for conditions like diabetes or hypertension within the profession, then we are not realistically going to have any success in treating so-called stigmatising illnesses. It will take a long time to change cultural attitudes of doctors towards their own health. Treating doctors is not everyone's cup of tea as it can certainly turn a consultation into a very complex one. Some doctors prefer to avoid being in that situation".

HiP also provides one-to-one telephone advice to GPs and their families and group educational sessions in all types of health matters for this patient subgroup. Andree also gives lectures at medical schools. "Doctors do not suddenly develop unusual health behaviours and attitudes after they have qualified, and so it is my opinion that all undergraduates should have a module on doctors' health care and sensible self-care for doctors, and this should be a core part of continuing professional development. Promoting and maintaining doctors' good health is one of the factors in delivering high quality patient care.

The huge success of the ICGP's HiP programme is evident from the influence it has had in other countries and Andrée has presented to many international bodies in North America and Europe. Last year HiP became a founding member of the newly established European Association of Physician Health (EAPH) which aims to promote closer collaboration and research in this field.

"It cannot be stressed enough how progressive the ICGP has been in the area of doctors' health. Since its initial vision to set up the pilot project in Health in Practice back in 2000, the scheme has mushroomed into an established and internationally recognised programme".

– Anne Henrichsen